



Montana Medicaid

CLAIM JUMPER

Volume XXII, Issue 8, August 2007

In This Issue

Medicaid Provider Self Disclosure / Self Audits	1
Institutional Claim Value Code Changes	1
NUBC Response Regarding UB-04 Form Printing Problems	1
Reenrollment Deadline Looms. . . .	1
CHIP Income Guidelines Increase. .	2
How to Complete an Adjustment . .	2
Reenrollment for Organizations . . .	3
Publications Reminder	3
Recent Publications	3

Medicaid Provider Self Disclosure / Self Audits

The Department relies upon the health care industry to assist in the identification and resolution of matters that adversely affect the State Medicaid Program, and believes that a cooperative effort in this area will serve our common interest of protecting the financial integrity of Medicaid and ensuring proper payments to providers. We encourage providers to implement necessary policies, processes, and procedures to ensure compliance with federal and state laws, regulations, and policies relating to the Medicaid Program. As part of these policies and procedures, the Department recommends that providers conduct periodic audits to identify instances where services reimbursed by the Medicaid Program are not in compliance with program requirements.

To assist providers, the SUR unit has adopted policies and procedures

which provide a uniform method, with several options, to providers who self disclose overpayments and are interested in completing a self audit. The full policy and procedure has been posted to the Provider Web site and is available to read at www.mtmedicaid.org with a link under each provider type posted under "Other Resources."

Questions? Please call either Liz Harter, SUR Supervisor, at (406) 444-4586 or Russ Hill, Program Integrity Bureau Chief, at (406) 444-4120.

Submitted by Liz Harter, DPHHS

Institutional Claim Value Code Changes

The National Uniform Billing Committee (NUBC) has restricted the use of value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 to paper claims only. These value codes are no longer available for use on X12N 837 institutional claim transactions. Medicare implemented these changes on July 1, 2007, for claims with dates of service July 1, 2007, and after. Montana Medicaid will be implementing these changes effective October 1, 2007.

The Medicare coinsurance, deductible and payments for both inpatient and outpatient claims will continue to be accepted in the 2320 and 2430 CAS loops and segments.

NUBC Response Regarding UB-04 Form Printing Problems

It has come to the attention of the National Uniform Billing Committee (NUBC) that some laser printers are having difficulty meeting the print

specification of the UB-04 form. The UB-04 form and the UB-92 contain identical margin specifications. Both forms are 82 characters across. To accommodate the 80 character limitation of some laser printers, many users of the UB-92 form developed workarounds that basically "cheated" on the printing layout. This was commonly accomplished by starting in the second position and ending in the 80th position, basically ignoring the first column on the left and the last column on the right. The UB-92 had no critical data elements in these fields. In order to meet the UB-04 print specifications, users should utilize laser printers that have "edge-to-edge" print capability (4 mm margins on the left and right) or wide carriage impact printers (dot-matrix or line printers).

More information can be found at http://www.nubc.org/UB-04_Printing_Requirements.pdf on the NUBC website.

Reenrollment Deadline Looms

Please remember that *all* providers who wish to bill Montana's Healthcare Programs for services on or after October 1, 2007, must reenroll by September 28. If you are a health-care provider, you must include your National Provider Identifier (NPI). Atypical providers will be assigned a new proprietary provider number. All providers with Internet access must reenroll via the Montana Access to Health web portal found on www.mtmedicaid.org.

NPI will be required as of October 1, 2007.

CHIP Income Guidelines Increase

The Montana Department of Health and Human Services announced new higher income guidelines for the state's Children's Health Insurance Plan (CHIP). The new guidelines are effective July 1.

CHIP provides free or low-cost health insurance for children up to age 19 who are not eligible for Medicaid and whose families cannot afford other health insurance.

The 2007 State Legislature and Governor Brian Schweitzer approved the increase from 150 percent to 175 percent of the federal poverty guideline. Under

the new guidelines, children from a family of four with an annual income of \$36,138 may be eligible for CHIP. That means a family can earn \$5,163 more than under the previous guidelines and still qualify.

DPHHS estimates an additional 3,000 children may be eligible for CHIP under the new guidelines.

According to DPHHS, 16 percent, or approximately 37,000 Montana children do not have health insurance. It is estimated about half of those children may be eligible for CHIP or Medicaid.

CHIP partners with health care providers, dentists, mental health professionals, and other community-based

Income Guidelines for CHIP*

Effective July 1, 2007

Family size (incl. adults)	Family annual income (approximately)
2	\$23,958
3	\$30,048
4	\$36,138
5	\$42,228
6	\$48,318
7	\$54,408
8	\$60,498

Some employment-related and child care deductions apply.

Income guidelines may increase in 2008.

*If a child qualifies for Medicaid, health insurance will be provided by Medicaid.

(continued on page 3)

How to Complete an Adjustment

Claim adjustments are made to claims that were billed incorrectly and paid incorrectly. Providers can request an adjustment (to paid claims only) using the Individual Adjustment Request form (see sample below). It can be found in the appendix of provider manuals as well as in the Forms section of www.mtmedicaid.org.

Claims Processing must receive individual claim adjustment requests within 12 months from the date of service. After this time, gross adjustments are required.

Use a separate adjustment request form for each ICN. If you are correcting more than one error per ICN, use only one adjustment request form, and include each error on the form. If more than one line of the claim needs to be adjusted, indicate which lines and items need to be adjusted in the Remarks section of the adjustment form. Clear instructions on the adjustment form facilitate appropriate processing.

Completing an Adjustment Request Form

- Complete Section A first with provider and client information and the claim's ICN number.
- Complete Section B with information about the claim. Remember to fill in only the items that need to be corrected:
 - Enter the date of service or the line number in the Date of Service or Line Number column.
 - Enter the information from the claim that was incorrect in the Information on Statement column.
 - Enter the correct information in the column labeled Corrected Information.
- Attach a copy of the RA page reflecting the ICN to be adjusted. Attach a copy of the corrected claim only if you are combining two UB-92 or UB-04 claims.
 - If the original claim was billed electronically, a copy of the RA will suffice.
 - If the RA is electronic, attach a screen print of the RA.
- Verify the form has been signed and dated and mail it to Claims Processing, P.O. Box 8000, Helena, MT 59604.

If an original payment was an underpayment by Medicaid, the adjustment will result in the provider receiving the additional payment amount allowed. If an original payment was an overpayment by Medicaid, the adjustment will result in recovery of the overpaid amount through a credit balance or a check from the provider. Adjustments are subject to all claim processing rules.

If you have any further questions, call Provider Relations.

MONTANA MEDICAID/MHSP/CHIP INDIVIDUAL ADJUSTMENT REQUEST			
INSTRUCTIONS: This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your statement. Complete ONLY the items in Section B which represent the incorrect information that needs changing. For help with this form, refer to the <i>Remittance Advice and Adjustments</i> chapter in your program manual or the <i>General Information for Providers II</i> manual, or call (800) 624-3958 in- or out-of-state or (406) 442-1837 in Helena.			
A. COMPLETE ALL FIELDS USING THE PAYMENT STATEMENT (RA) FOR INFORMATION			
1. PROVIDER NAME & ADDRESS		3. INTERNAL CONTROL NUMBER (ICN)	
Name _____		_____	
Street or P.O. Box _____		4. BILLING PROVIDER NUMBER	
City _____ State _____ Zip _____		_____	
2. CLIENT NAME		5. CLIENT ID NUMBER	
_____		_____	
_____		6. DATE OF PAYMENT	
_____		7. AMOUNT OF PAYMENT \$	
_____		_____	
B. COMPLETE ONLY THE ITEM(S) WHICH NEED TO BE CORRECTED			
1. Units of Service	DATE OF SERVICE OR LINE NUMBER	INFORMATION STATEMENT	CORRECTED INFORMATION
2. Procedure Code/N.D.C./Revenue Code			
3. Dates of Service (D.O.S.)			
4. Billed Amount			
5. Personal Resource (Nursing Home)			
6. Insurance Credit Amount			
7. Net (Billed - TPL or Medicare Paid)			
8. Other/REMARKS (BE SPECIFIC)			
SIGNATURE: _____ DATE: _____			
When the form is complete, attach a copy of the payment statement (RA) and a copy of the corrected claim (unless you bill EMC).			
MAIL TO: ACS P.O. Box 8000 Helena, MT 59604			

organizations all across Montana to help eligible families obtain health insurance for their children.

You can help families get the coverage they need by making CHIP brochures and applications available to uninsured families in your community. Contact Michael Mahoney, CHIP Community Relations Manager, at 877-543-7669 or e-mail at mmahoney2@mt.gov to order CHIP brochures and applications.

CHIP applications are available at participating doctors' offices and hospitals, as well as local public health departments, Offices of Public Assistance, community health centers, Head Start locations, Indian Health Services and Tribal Clinics.

The application and more information about CHIP are also available online at www.chip.mt.gov or by calling CHIP toll-free at 1-877-KidsNow (1-877-543-7669).

Submitted by Michael Mahoney, DPHHS

Reenrollment for Organizations

Organizations that provide services under multiple provider types are reminded to reenroll in Montana's Healthcare Programs for each type of service for which they wish to bill. For example, hospitals that also provide ambulance services must reenroll once for hospital and once for ambulance, choosing the correct provider type for each. Additionally, clinics with multi-

ple locations must enroll each location in which they wish to participate.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

14,250 copies of this newsletter were printed at an estimated cost of \$.38 per copy, for a total cost of \$5,492.49, which includes \$2,514.56 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
06/05/07	All Provider Types	NPI Contingency Plan Implemented, Reenrollment Extended
06/11/07	All Provider Types	Ownership and Control Information Required for Reenrollment
06/25/07	All Provider Types	NPI on the Web Portal
Fee Schedules		
06/25/07	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
Other Resources		
06/04/07, 06/11/07, 06/18/07, 06/25/07	All Provider Types	What's New on the Site This Week
06/05/07, 06/06/07, 06/07/07, 06/12/07, 06/13/07	Pharmacy	Manufacturer-submitted information for June DURB review
06/06/07	All Provider Types	News item regarding Mass Adjustment Planned for Claims Containing Revenue Code 510
06/06/07	Hospital Inpatient, Hospital Outpatient	Updated remittance advice text
06/12/07	All Provider Types	July <i>Claim Jumper</i>
06/25/07	All Provider Types	News item regarding NPI on the Web Portal
06/25/07	Pharmacy	Revised June DURB agenda
06/27/07	All Provider Types	Updated carrier codes sorted by ID number and name
06/27/07	All Provider Types	Self Audit Policy and Procedure

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

PRSRT STD
U.S. Postage
PAID
Great Falls, MT
Permit No. 151

Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604